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[www.homelessgardenproject.org](http://www.homelessgardenproject.org)

## Homeless Garden Project Volunteer Intake Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Group Affiliation/School: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you here to fulfill a service requirement? If so, for what class/school/group? (Be specific)

Have you volunteered here before? Yes/No When? \_\_\_\_\_

**Volunteer Interest:** (Circle all that apply)

Gardening

General Office Work

Making Products

Cooking farm lunches

Tabling Special Events

Retail Store

Fundraising

Special Events (dinners, etc.)

Any Special Skills? \_\_\_\_\_

How did you hear about us?

Why are you interested in volunteering with the Project?

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**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**HOMELESS GARDEN PROJECT  
VOLUNTEER PARTICIPATION WAIVER**

*In order to volunteer with the Homeless Garden Project at any location (including the farm, store, office, workshop and offsite), I, the Volunteer (or the volunteer's legal guardian, on the Volunteer's behalf), agree:*

1. **Safety Rules.** For the safety of myself and others, I will comply with the Homeless Garden Project's safety rules and directions at all times on all Homeless Garden Project program sites and for activities in which I engage as a Homeless Garden Project volunteer. I will supervise any participating child or other person for whom I am legally responsible and ensure that those persons are following the safety rules and directions of the organization. If I become aware of any danger or hazardous condition at Homeless Garden Project sites, I will notify staff immediately. I will use my best judgment of my limitations and decline to do any task that I do not feel comfortable doing.
2. **Not an Employee.** I am not an employee of the Homeless Garden Project and I understand that I will not be paid for my participation. I may choose not to participate in any HGP activity or to stop participating as a Volunteer completely at any time.
3. **Publicity Authorization.** I consent to the unrestricted use, by HGP or any person authorized by HGP, in any medium, including the Internet, of any photographs, recordings, interviews, videotapes, film or similar visual or auditory recordings of me created in connection with my participation in the Homeless Garden Project's activities.
4. **Accident Reporting.** I understand that the Homeless Garden Project provides excess accident and injury insurance for their volunteers, which will be secondary to any medical or other insurance I may have, and will report any injuries or problems to any Homeless Garden Project staff or representatives promptly.
5. **Waiver and Release of Claims.** I will hold harmless the Homeless Garden Project and any participating agencies; as well as their officers, agents and employees for any claim for personal injuries and damages to myself and/or my property that may occur during my voluntary participation.

Print Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

***If you are under 18, then your legal guardian must consent:***

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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**PLEASE COMPLETE BOTH SIDES OF THIS FORM**